



SHOW AND EXHIBITION LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE @MILWAUKEE.GOV

LICENSE PERIOD: Annual, January 1 – December 31

LICENSE FEE: \$225 fee **must be submitted with application.** Checks made payable to: City of Milwaukee.

APPLICATION: Complete, sign, and return application to the City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202. *Applications shall be made no less than 30 days prior to the date of granting by the Common Council.*

SIGNATURES REQUIRED: Notarized signatures of the individual, all partners, the officer of a corporation, and a member of a LLC are required.

FINGERPRINTS: All applicants (including all partners, all corporate officers, members, agent, director, manager, and stockholders owning 20% or more of stock) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Milwaukee Police Department between the hours of 8:00 AM and 6:00 PM (Monday thru Friday, excluding holidays) to the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305 to be fingerprinted. If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file. *Renewal applicants do not need to be re-fingerprinted by the police department.* If you are an out of town resident, call (414) 935-7281 to find out how to comply with the fingerprint requirement.

OCCUPANCY PERMIT: A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occcert.pdf>.

GRANTING: After recommended approval by the Licenses Committee, licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. It generally takes 5 – 6 weeks to process an application provided you follow the above instructions in a timely manner. Please note that no meetings are held during the month of August.

CHANGES IN THE PLAN OF OPERATION: If after the license has been granted or issued, the licensee wishes to substantially deviate from the plan of operation as submitted with the original application the licensee must file a sworn, written request which states the nature of the change. No change shall take place until the Common Council has approved the request.

ALTERATION TO THE PREMISES: Any alteration, change or addition resulting in the expansion of the licensed premises shall be approved by the licensing committee prior to the issuance of a license.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$175, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is \$8. You must bring current photo identification.

Regulations relating to SHOWS AND EXHIBITIONS are provided in s. 84-40 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City
of
Milwaukee**

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Any application submitted incomplete or without the required fee will be returned.
 Make checks payable to: *City of Milwaukee.*

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)
☐ Corporation or LLC (Fill out Section B, C, D & E)

Section A	<u>INDIVIDUAL OR PARTNERSHIP:</u>				
	Full Name (Last, First & Middle Initial)		Full Name (Last, First & Middle Initial)		
	Home Address (include City, State, Zip Code):		Home Address (include City, State, Zip Code):		
	Home Phone Number: () -		Home Phone Number: () -		
	Date of Birth:		Date of Birth:		
Section B	<u>Business Name:</u>		Other license(s) held by applicant or attached to the premises:		
	Business Address (include City, State, Zip Code):				
	Aldermanic District:	Business Phone Number: () -	Legal Occupancy of the Premises:		
	Hours of Operation:	Number of Off Street Parking Spaces available at the premises:	Number of patrons expected on a daily basis:		
	Will sound amplification equipment be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				
	Temporary Permit Only – Date(s) of show or exhibition:				
	Security plan for the premises:				
	Plan to maintain orderly appearance and operation of the premises with respect to litter and noise:				
	Section C	<u>Full Name of corporation or limited liability company:</u>			
		Address, if different from business address (include City, State, & Zip Code):			
<u>Agent Or Local Manager:</u> Full Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):			
Home Phone Number: () -		Date of Birth:			
Stockholder <input type="checkbox"/> Percentage of Stock %					

Section C Continued	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	Stockholder <input type="checkbox"/> Percentage of Stock %	Stockholder <input type="checkbox"/> Percentage of Stock %
	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	Stockholder <input type="checkbox"/> Percentage of Stock %	Stockholder <input type="checkbox"/> Percentage of Stock %
	List any additional stockholders owning 20% or more stock:	
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth: Percentage of Stock %	Date of Birth: Percentage of Stock %
Section	Has anyone named on this application been convicted of violating any federal laws, state or local ordinances: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, name person (s), date(s), charge(s) and penalties: _____ _____ _____	
Section E	The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information. I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct. SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20____ <div style="text-align: right; margin-top: 20px;"> _____ Individual/ Officer of Corp or Member of LLC/Partner </div> <div style="text-align: right; margin-top: 20px;"> _____ Partner </div> Notary Public, State of Wisconsin My commission expires _____	

Office Use Only:

Initials: _____ Filed: _____ AD: _____ License #: _____ Granted: _____ Issued: _____